

February 29, 2016

Ohio Development Service Agency

77 South High Street

Columbus, Ohio 43216-1001

Attention: Mr. Mike Hiler, Deputy Chief

Dear Mr. Hiler:

Enclosed please find the information that was requested by Kimberly Alexander from the monitoring visit that she conducted at Coleman Professional Services on November 20, 2015.

All information requested has been provided or addressed.

If there are any questions, please contact me at 330-392-1104 or by email at tammy.weaver@colemanservices.org

Sincerely,



Tammy Weaver, M. Ed., L.P.C.

Vice President of Clinical Services

552 N. Park Avenue
Warren, Ohio 44481

330-394-8831

800-522-0502

Fax: 330-394-7241

24/7 emergency & access
877-796-3555

Stand Comm Sep 1

FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

103487
DRIVE
STREETSBORO, OH 44241

Soc Sec #: XXX-XX-XXXX Employee ID:

Hire Date: 06/29/14

Status:

Filing Status:

Federal: Single, 1

State: OH, Single, 1

Dept: 120

Pay Period: 08/23/14 to 09/05/14

Check Date: 09/12/14 Check #: 104174

NET PAY ALLOCATIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
Check Amount	404.37	1859.13
Net Pay	404.37	1859.13

EARNINGS

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
REGULAR EARNING	53.30	9.0000	479.70	243.83	2194.47
HOURS WORKED	53.30			243.83	
ADJ EARNINGS			479.70		2194.47
GROSS EARNINGS	53.30		479.70	243.83	2194.47

WITHHOLDINGS

DESCRIPTION	CURRENT (\$)	YTD (\$)
FEDERAL W/H	24.12	101.55
OASDI	29.74	136.06
MEDICARE	6.96	31.82
STATE W/H OH	4.92	22.03
OH 0090-AUROR	9.59	43.88
TOTAL	75.33	335.34

NET PAY

CURRENT (\$)	YTD (\$)
404.37	1859.13

aychex, Inc.
MARIO'S BEAUTY SALON INC ■

FOLD AND REMOVE *Ham & Comm Serv*

FOLD AND REMOVE

EMPLOYEE AND CHECK INFORMATION

103487 MAN
DRIVE
STREETSBORO, OH 44241

Soc Sec #: XXX-XX-XXXX Employee ID:
Hire Date: 06/29/14
Status:
Filing Status:
Federal: Single, 1
State: OH, Single, 1
Dept: 120

Pay Period: 09/06/14 to 09/19/14
Check Date: 09/26/14 Check #: 104237

NET PAY ALLOCATIONS

DESCRIPTION	CURRENT (\$)	YTD (\$)
Check Amount	360.31	2219.44
Net Pay	360.31	2219.44

EARNINGS

DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
REGULAR EARNING	47.03	9.0000	423.27	290.86	2617.74
HOURS WORKED	47.03			290.86	
ADJ EARNINGS			423.27		2617.74
GROSS EARNINGS	47.03		423.27	290.86	2617.74

WITHHOLDINGS

DESCRIPTION	CURRENT (\$)	YTD (\$)
FEDERAL WH	18.48	120.03
OASDI	26.24	162.30
MEDICARE	6.14	37.96
STATE WH OH	3.63	25.66
OH 0090-AUROR	8.47	52.35
TOTAL	62.96	398.30

This will be my regular hours before I was working one extra day for the month of August.

NET PAY

CURRENT (\$)	YTD (\$)
360.31	2219.44

John J. O'Connor Sec 1

SELF-DECLARATION OF INCOME

Housing & Emergency Support Services, 705 Oakwood St. #106, Ravenna, OH 44266

Applicant Name: 162094

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

Applicant Signature: _____ Date: _____

☒ I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: [REDACTED] Date: 9-24-14

Staff Verification

I understand that third-party verification is the preferred method of certifying income for housing assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

currently working with BUK

Staff Signature: Monica Lee Date: 9/24/14

San & Anna Ser

SELF-DECLARATION OF INCOME

Housing & Emergency Support Services, 705 Oakwood St. #106, Ravenna, OH 44266

Applicant Name: 162405

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.


Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

Applicant Signature: _____ Date: _____

☒ I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature:  Date: 9-25-14

Staff Verification

I understand that third-party verification is the preferred method of certifying income for housing assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

currently looking for employment

Staff Signature: Monica Lee Date: 9/25/14

Geauga Domestic Violence

Coleman Professional Services proposed to provide permanent supportive housing to 12 households during the period January 1, 2013 to December 31, 2014 and served 61 households during this period according to the HMIS data provided.

HCRP Rapid Rehousing and Housing Prevention

OCD staff reviewed ten homeless prevention client files and ten rapid re-housing files for consistence with HCRP guidelines. This included a review of completed assessment forms, documentation that the households at imminent risk of homelessness as well as income eligible as appropriate, and that a minimum level of assistance was provided. The files were also reviewed for other required documentation including leases, utility disconnect or eviction notices, rent reasonableness calculations and habitability and lead-based paint inspections.

The file review confirmed that rapid-rehousing files contained documentation of homelessness and the homelessness prevention files contained documentation that funds were targeted to eligible individuals and families who "would be homeless, but for this assistance." These included documentation that clients served by the program had an eviction notice and an assessment tool that included risk factors for homelessness was used. The homelessness prevention files contained income documentation demonstrating that the household was below 30 percent of Area Median Income (AMI).

HCRP guidelines state that grantees must "provide just enough (and no more) assistance to help a person stabilize their current housing situation or move to more stable housing." The case file review revealed that the agency determines the level of assistance provided based on an assessment of the household's resources and income.

Advisory #1

The OCD monitor noted that Coleman Professional Services partner agencies did not have all required documentation in the file as noted below:

- Family and Community Services – client files for clients #103487, #162094 and #162405 were missing verification of income.
- Geauga Domestic Violence Shelter and Ashtabula County CHDO – client files for clients #3641 and #2005 (Gauga) and clients #164246, #165820, #163887, #163394, #109132 and #157950 (Ashtabula) need to include the HMIS/comparable data entry and exit dates.
- Catholic Charities Ashtabula – agency needs to place the HMIS entry and exit dates in the client files for clients #15437, #139724, #4721, #154347, and #166023. It is also recommended the agency separate the 3-month recertification with a colored piece of paper or some other method along with all of the backup documentation to help demonstrate appropriate certifications were conducted.
- Lake County – client files for clients [REDACTED] and [REDACTED] did not include HMIS numbers, rent reasonableness and 3-month recertification. In addition, income verification should include review of more than one pay stub to verify annual income. When verifying wage documentation the number of checks to review will vary, but the sample must be large enough to determine the rate and frequency of pay. If the pay fluctuates significantly from check to check, the agency must review checks for the 3-month period of time prior to admission to the program to estimate income.

Client #164246 - Not ACCAA - rather Logan County

Grease Domestic Violence

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)	PROGRAM ENTRY DATE	COC LOCATION CODE AT TIME OF ENTRY
12/10/2014	12/10/2014	<input checked="" type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other

HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)

[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH (e.g., 10/23/1978)	HMIS CLIENT ID # (Head of Household)
[REDACTED]	3/13/1975	165620

VETERANS STATUS (HOH)		ETHNICITY (HOH)		GENDER (HOH)	
<input checked="" type="checkbox"/> Did Not Serve in the US Military	<input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male		
<input type="checkbox"/> Served in the US Military	<input type="checkbox"/> Hispanic / Latino	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female		

PRIMARY RACE (HOH) Check All That Apply

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Asian (A)	<input checked="" type="checkbox"/> White (W)	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
165619 [REDACTED]	[REDACTED]	1/29/74	boyfriend	white	N	M	N

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
N/A	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DMV

TYPE OF LIVING SITUATION (please note if adults are living in different living situations)

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input checked="" type="checkbox"/> Transitional housing for homeless persons including homeless youths

SAMARITAN House

LENGTH OF STAY IN ABOVE SITUATION (please note if adults have differing answers)

<input type="checkbox"/> 1 day or less	<input checked="" type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> 1 year or longer

Answer for Each Adult (Homeless defines as literally homeless)

Name: [REDACTED]	Name: [REDACTED]
Continually homeless for at least one year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Continually homeless for at least one year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____	How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____
How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)	How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)
Does the participant have documentation of their homelessness status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the participant have documentation of their homelessness status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Rapid Re-Housing Only:

Household is in Permanent Housing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Move-In (Month/Day/Year): 12/12/2014
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[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ 0			* Income for a child goes under the adult receiving it*		

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 194	[REDACTED]	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid	[REDACTED]	<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

[Adults Only] INFO NEEDED FOR ADULT MEMBERS EFFECTED BY DOMESTIC VIOLENCE

NAME	EXTENT OF DOMESTIC VIOLENCE
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago

George Domestic Violence

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

PROGRAM EXIT DATE

4	1	28	1	2015	HMIS Number	165620
Month	Day	Year				

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☒ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input checked="" type="checkbox"/> Earned Income	\$ 583		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ 583					

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ <i>194</i>	<i>[REDACTED]</i>	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid	<i>[REDACTED]</i>	<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
<i>NA</i>	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input checked="" type="checkbox"/>	Able to maintain housing they had at project entry	<input type="checkbox"/>	Moved in with family/friends on a temporary basis
<input checked="" type="checkbox"/>	Without a subsidy	<input type="checkbox"/>	Moved in with family/friends on a permanent basis
<input type="checkbox"/>	With subsidy they had at project entry	<input type="checkbox"/>	Moved to transitional /temporary housing facility/program
<input type="checkbox"/>	With an on-going subsidy acquired since project entry	<input type="checkbox"/>	Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/>	Only with financial assistance other than a subsidy	<input type="checkbox"/>	Client went to jail / prison
<input type="checkbox"/>	Moved to new housing unit	<input type="checkbox"/>	Client is deceased
<input type="checkbox"/>	With an ongoing subsidy	<input type="checkbox"/>	Client refused to answer
<input type="checkbox"/>	Without an ongoing subsidy	<input type="checkbox"/>	Client doesn't know
		<input type="checkbox"/>	Data not collected

REGION 5 HMIS Data: INTAKE/ENTRY FORM

PROGRAM ENTRY DATE

1	0	1	2	2	1	2	0	1	4
---	---	---	---	---	---	---	---	---	---

YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

1	1	'	2	5	'	1	9	9	3
Month			Day			Year			

ZIP CODE OF LAST PERMANENT RESIDENCE

HMIS CLIENT ID NUMBER

163387

PRIMARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

SECONDARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

ETHNICITY / VETERANS STATUS

GENDER

<input type="checkbox"/> Hispanic / Latino	<input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male
<input type="checkbox"/> Served in the US Military	<input type="checkbox"/> Did Not Serve in the Military	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

DMV

LIST ALL HOUSEHOLD MEMBERS WITH A DISABLING CONDITION

NAME	CONDITION	Duration Longer Than 3 Months
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCE PRIOR TO PROGRAM ENTRY

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Refused
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	Transitional housing for homeless persons including homeless youths

LENGTH OF STAY AT ABOVE

<input checked="" type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 1 to 3 months	

HOUSING STATUS

<input checked="" type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed

NON-CASH BENEFITS

WHO

WHO

<input type="checkbox"/> Food Stamps - Amount \$ 400	<input type="checkbox"/> Veteran's Medical Services	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare	<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)	<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC	<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing	<input type="checkbox"/> Other:	

INCOME WITHIN THE LAST 30 DAYS

AMOUNT

WHO

INCOME WITHIN THE LAST 30 DAYS

AMOUNT

WHO

<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$ 0			TOTAL ANNUAL INCOME: \$		

SERVICES PROVIDED AT ENTRY

Service	Start Date	Direct Costs, if any	Notes
Basic Needs			
Emergency Shelter			
Case Management			
Rental Assistance			
Security Deposit			
Utilities			

HMIS # 163387 Greasey Domestic Violence

Type: ☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker

Zippany, Len

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Management
10/28/2014	10/28/2014	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
__/__/__	__/__/__	\$	\$	\$	\$	\$	\$	\$	
			MMIS Date Entered	Entered by					
Total amount			\$	\$	\$	\$	\$	\$	

Region 5 HMIS EXIT FORM

Creauza Domestic Violence

HEAD OF HOUSEHOLD CURRENT NAME first, middle, last name, suffix (e.g., Jr, Sr, III)

[Redacted Name]

PROGRAM EXIT DATE

2	1	28	1	2015	HMIS Number	16 3387
Month		Day		Year		

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ <i>0</i>					

DMV

[Adults Only]

ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ <u>495</u>	<u>Client,</u>	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC	<u>Son,</u>	<input checked="" type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance	<u>Boyfriend</u>	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members]

IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid <u>Case Source</u>	<u>Client,</u>	<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare	<u>Son</u>	<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
<u>N/A</u>	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input checked="" type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input checked="" type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional/temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail / prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

REGION 5 HMIS Data: INTAKE/ENTRY FORM**INTAKE DATE (e.g., 05/24/2010)**

PROGRAM ENTRY DATE

1	0		2	3		2	0	1	4
---	---	--	---	---	--	---	---	---	---

MONTH DAY YEAR

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name

Middle Initial

Last name

SOCIAL SECURITY N

DATE OF BIRTH (e.g., 10/23/1978)

1	0		0	9		1	9	5	1
Month		Day			Year				

ZIP CODE OF LAST PERMANENT RESIDENCE

HMIS CLIENT ID NUMBER

163394

PRIMARY RACE

☐ American Indian or Alaskan Native (AI/AN)

☒ White (W)

Asian (A)

☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Black / African American (B)☐ Don't Know or Refused**SECONDARY RACE**

☐ American Indian or Alaskan Native (AI/AN)

☐ White (W)☐ Asian (A)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Black / African American (B)☐ Don't Know or Refused

ETHNICITY/VETERANS STATUS

GENDER

☐ Hispanic / Latino ☒ Non-Hispanic/Latino

☒ Male ☐ Transgendered female to male

☐ Served in the US Military ☐ Did Not Serve In the Military

☒ Female ☐ Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

DMV

LIST ALL HOUSEHOLD MEMBERS WITH A DISABLING CONDITION

NAME	CONDITION	Duration Less Than 3 Months
N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCE PRIOR TO PROGRAM ENTRY

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Refused
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8.
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input checked="" type="checkbox"/> Places not meant for human habitation	Transitional housing for homeless persons including homeless youths

LENGTH OF STAY AT ABOVE

<input checked="" type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 3 months but less than 1 year
<input checked="" type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> 1 to 3 months	

HOUSING STATUS

<input checked="" type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed

NON-CASH BENEFITS

WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$ 0	<input type="checkbox"/> Veteran's Medical Services
<input type="checkbox"/> Medicaid	<input type="checkbox"/> TANF child care Other TANF services
<input type="checkbox"/> Medicare	<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)	<input type="checkbox"/> Other TANF services
<input type="checkbox"/> WIC	<input type="checkbox"/> Temporary rent
<input type="checkbox"/> Section 8, Public Housing	<input type="checkbox"/> Other:

INCOME WITHIN THE LAST 30 DAYS

AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support		<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF		<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support		<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages		<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job		<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security		<input type="checkbox"/> Other:		
TOTAL MONTHLY INCOME: \$ 0		TOTAL ANNUAL INCOME: \$		

SERVICES PROVIDED AT ENTRY

Service	Start Date	Direct Costs, if any	Notes
Basic Needs			
Emergency Shelter			
Case Management			
Rental Assistance			
Security Deposit			
Utilities			

Greene Domestic Violence

HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS # 163394

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) [All clients]

	N/A	Client does not know	Client refused to provide
First name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: ☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker Ziffany Lee

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Manager
10/18/2014	10/18/2014	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
1/1/1	1/1/1	\$	\$	\$	\$	\$	\$	\$	
			HMIS Data Entered	Entered by					
Total amount		\$	\$	\$	\$	\$	\$	\$	

Creanga Domestic Violence

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME _____ st, middle, last name, suffix (e.g., Jr, Sr, III)

PROGRAM EXIT DATE

2	1	24	1	2015	HMIS Number	163399
Month		Day		Year		

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☒ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input checked="" type="checkbox"/> Social Security Income (SSI)	\$ 757.00	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ 757.00					

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 194.00		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

N/A

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input checked="" type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional /temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail /prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

Cleavage Domestic Violence

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)	PROGRAM ENTRY DATE	COC LOCATION CODE AT TIME OF ENTRY
11/25/2014	12/3/2014	<input checked="" type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other

HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)
[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH (e.g., 10/23/1978)	HMIS CLIENT ID # (Head of Household)
[REDACTED]	6/23/1958	109132

VETERANS STATUS (HOH)		ETHNICITY (HOH)		GENDER (HOH)	
<input checked="" type="checkbox"/> Did Not Serve in the US Military	<input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male		
<input type="checkbox"/> Served in the US Military	<input type="checkbox"/> Hispanic / Latino	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female		

PRIMARY RACE (HOH) Check All That Apply					
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)			
<input type="checkbox"/> Asian (A)	<input checked="" type="checkbox"/> White (W)	<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected		

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
N/A							

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
N/A	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DMV

TYPE OF LIVING SITUATION (please note if adults are living in different living situations)

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input checked="" type="checkbox"/> Transitional housing for homeless persons including homeless youths

LENGTH OF STAY IN ABOVE SITUATION (please note if adults have differing answers)

<input type="checkbox"/> 1 day or less	<input checked="" type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> 1 year or longer

Answer for Each Adult (Homeless defines as literally homeless)

Name: [REDACTED]	Name: _____
Continually homeless for at least one year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Continually homeless for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 or more	How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months <u>24 months</u>	If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____
How many months continually homeless immediately prior to project entry? Number of Months <u>3</u> (Count one month for any length of time during that month.)	How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)
Does the participant have documentation of their homelessness status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the participant have documentation of their homelessness status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Rapid Re-Housing Only:

Household is in Permanent Housing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Move-In (Month/Day/Year): <u>12/3/2014</u>
--	--

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$ <u>0</u>			* Income for a child goes under the adult receiving it*		

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 189		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

[Adults Only] INFO NEEDED FOR ADULT MEMBERS EFFECTED BY DOMESTIC VIOLENCE

NAME	EXTENT OF DOMESTIC VIOLENCE
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

PROGRAM EXIT DATE

03	17	2015	HMIS Number	109/32
Month	Day	Year		

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input checked="" type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☒ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$					

DMV

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 189	client	<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

[All Household Members] IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☒ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input checked="" type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health Insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVENTION: Housing Assessment at Exit

<input type="checkbox"/> Able to maintain housing they had at project entry	<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Without a subsidy	<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> With subsidy they had at project entry	<input type="checkbox"/> Moved to transitional /temporary housing facility/program
<input type="checkbox"/> With an on-going subsidy acquired since project entry	<input type="checkbox"/> Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/> Only with financial assistance other than a subsidy	<input type="checkbox"/> Client went to jail / prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client is deceased
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Client refused to answer
<input type="checkbox"/> Without an ongoing subsidy	<input type="checkbox"/> Client doesn't know
	<input checked="" type="checkbox"/> Data not collected

Ashlabula

REGION 5 HMIS Data: INTAKE/ENTRY FORM

INTAKE DATE (e.g., 05/24/2010)

06 23 2014

MONTH DAY YEAR

PROGRAM ENTRY DATE

07 01 2014

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name

Middle Initial

Last name

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

07 18 1991

Month Day Year

ZIP CODE OF LAST PERMANENT RESIDENCE

44604

HMIS CLIENT ID NUMBER

157950

157 951 Kaidyn

PRIMARY RACE

☐ American Indian or Alaskan Native (AI/AN)☐ Asian (A)☐ Black / African American (B)☒ White (W)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused

SECONDARY RACE

☐ American Indian or Alaskan Native (AI/AN)☐ Asian (A)☐ Black / African American (B)☐ White (W)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused

ETHNICITY / VETERANS STATUS

☐ Hispanic / Latino ☒ Non-Hispanic/Latino☐ Served in the US Military ☐ Did Not Serve in the Military

GENDER

☐ Male ☐ Transgendered female to male☒ Female ☐ Transgendered male to female

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W	B	N	M	Husband	Y
		4/8/14	W		N	F	daughters	N

HMIS Data: REGION 5 HCRA ASSISTANCE FORM

HMIS # 157950

951

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) *[All clients]*

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) <i>[All clients]</i>)													N/A	Client does not know	Client refused to provide
First name	[REDACTED]													<input type="checkbox"/>	<input type="checkbox"/>
Middle name													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	[REDACTED]													<input type="checkbox"/>	<input type="checkbox"/>
Suffix													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type: ☐ Homeless Prevention

Rapid Re-Housing

Caseworker

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Management
6/28/2014	6/30/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
7/22/2014	7/28/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
8/26/2014	8/28/2014	\$	\$ 650	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
___/___/___	___/___/___	\$	\$	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
___/___/___	___/___/___	\$	\$	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
___/___/___	___/___/___	\$	\$	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
___/___/___	___/___/___	\$	\$	\$	\$	\$	\$	\$	
			RENTAL ORDERED	PAID BY					
Total amount		1950	\$	\$	\$	\$	\$	\$	

Ashabula

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name		Middle Initial
Last name		

PROGRAM EXIT DATE

TYPE

10	28	2014	157950
Month	Day	Year	HMIS Number

☐ Homeless Prevention ☒ Rapid Re-Housing

Caseworker:

Liffany Keil

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input checked="" type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input checked="" type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input checked="" type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$ <u>0</u>			TOTAL ANNUAL INCOME: \$		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> Veteran's Medical Services
<input type="checkbox"/> Medicaid		<input type="checkbox"/> TANF child care Other TANF services
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____



Catholic Charities of Ashtabula County
4200 Park Avenue, Third Floor
Ashtabula, Ohio 44004
Phone: (440) 992-2121 Fax: (440) 992-5974
www.doyccac.org



February 8, 2016

Ms. Tammy Weaver
Vice President of Clinical Services
Coleman Professional Services
1032 East Market Street
Warren, Ohio 44483

RE: Monitoring Report dated January 19, 2016 - Homeless Crisis Response Program

Dear Ms. Weaver:

As per your request for a response to the above-mentioned monitoring report, please note the following:

- Our agency was asked to place HMIS entry and exit dates in the client files for the following HMIS numbers: 15437, 154347, 139724, 4721, and 166023. Please note that HMIS number 15437 is not our client. HMIS data indicates that it is from 2006 in Lake County. Attached to this letter are copies of the HMIS Data Intake and Exit forms, as developed by Region 5, that were in the client files at the time of the monitoring visit. All of the client files had the entry and exit dates included and, for this response, have been circled in red. In order to easily identify these forms in the client files, they were on either blue or green paper.
- As recommended, our agency will begin placing all of the required documentation for incremental certifications in a separate tab, which will be entitled as 3-month recertification, 6-month recertification, etc.

Thank you for your support of the Homeless Crisis Response Program in Ashtabula County. Please don't hesitate to contact me with questions, or if further information is required.

Sincerely,

Lynn M. Zalewski
Executive Director

Enclosures (HMIS documentation for file numbers 154347, 139724, 4721, 166023)

"I tell you, whenever you did this for one of the least important of these followers of mine, you did it for me!" - Matthew 25:40



Catholic Charities - Ash

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	D
Last name	[REDACTED]	ENTERED ON 5/19/14	

PROGRAM EXIT DATE

05	19	2014	154347
Month	Day	Year	HMIS Number

TYPE

☐ Homeless Prevention ☒ Rapid Re-Housing
Caseworker: PR JV

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input checked="" type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input checked="" type="checkbox"/> Alimony/spousal support			<input checked="" type="checkbox"/> SSI/SSDI	721.68/730	JS/ES
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other		
TOTAL MONTHLY INCOME: \$ 1451			TOTAL ANNUAL INCOME: \$ 17412		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO
<input checked="" type="checkbox"/> Food Stamps - Amount \$	107	<input type="checkbox"/> Veteran's Medical Services	
<input type="checkbox"/> Medicaid		<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other	

PROGRAM ENTRY DATE

0	4		1	0		2	0	1	4
---	---	--	---	---	--	---	---	---	---

H DAY YEAR

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name

Middle Initial

last name

DATE: 4, 10, 14
BY: CW

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

0	5		1	9		1	9	6	1
Month			Day			Year			

P CODE OF LAST PERMANENT RESIDENCE

1	4	0	0	4
---	---	---	---	---

HMIS CLIENT ID NUMBER

139724

PRIMARY RACE

American Indian or Alaskan Native (AI/AN)

White (W)

Asian (A)

☐ Native / Hawaiian/Other Pacific Islander (NH)

Black / African American (B)

☐ Don't Know or Refused

SECONDARY RACE

American Indian or Alaskan Native (AI/AN)

☒ White (W)

Asian (A)

☒ Native / Hawaiian/Other Pacific Islander (NH)

1. Black / African American (B)

☐ Don't Know or Refused

CITY VETERANS STATUS

Hispanic/Latino ☒ Non-Hispanic/Latino

GENDER

Served In the US Military ☒ Did Not Serve In the Military

☐ Male ☐ Transgendered female to male

1. Served in the US Military ☒ Did Not Serve In the Military

☒ Female ☐ Transgendered male to female

LEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

Catholic Charities - ASL

HMIS Data REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	C.
Last name	[REDACTED]	ENTERED ON 5/15/14	

PROGRAM EXIT DATE

05	05	2014	0139724
Month	Day	Year	HMIS Number

TYPE

☒ Homeless Prevention ☐ Rapid Re-Housing

Caseworker: Shannon Majowski

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input checked="" type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS

AMOUNT

WHO

INCOME WITHIN THE LAST 30 DAYS

AMOUNT

WHO

<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$			TOTAL ANNUAL INCOME: \$		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS

WHO

WHO

<input checked="" type="checkbox"/> Food Stamps - Amount \$ 378.00	[REDACTED] SIN	<input type="checkbox"/> Veteran's Medical Services	
<input checked="" type="checkbox"/> Medicaid	[REDACTED] SIN	<input type="checkbox"/> TANF child care Other TANF services	
<input type="checkbox"/> Medicare		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____	

REGION 5 HMIS Data: INTAKE/ENTRY FORM

PROGRAM ENTRY DATE

0	7		2	3		2	0	1	4
---	---	--	---	---	--	---	---	---	---

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

Middle Initial

SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

IP CODE OF LAST PERMANENT RESIDENCE

HMS CLIENT ID NUMBER

PRIMARY RACE

American Indian or Alaskan Native (AI/AN)

1 Asian (A)

Black / African American (B)

☒ White (W)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused

SECONDARY RACE

American Indian or Alaskan Native (AI/AN)

Aslan (A)

Black / African American (B)

☐ White (W)☐ Native / Hawaiian/Other Pacific Islander (NH)☐ Don't Know or Refused

ITY VETERANS STATUS

Hispanic / Latino ☐ Non-Hispanic/Latino ☒

Served In the US Military ☐ Did Not Serve In the Military

GENDER

☒ Male ☐ Transgendered female to male

☐ Female ☐ Transgendered male to female

LEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

[illegible]

HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	
Last name	[REDACTED]		

PROGRAM EXIT DATE

BY: 9 TYPE

0	9	1	1	2	0	1	5	4721
Month		Day		Year		HMIS Number		

☐ Homeless Prevention
 ☒ Rapid Re-Housing

Caseworker: Devon Yaker

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION [All clients]

<input type="checkbox"/> Deceased	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, other (non-VASH) housing subsidy
<input type="checkbox"/> Hospital (non psychiatric)	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment or house)
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment or house)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Place not meant for habitation (a vehicle or anywhere outside)	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

HOUSING STATUS [All clients]

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Housed and at-risk of losing housing
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input checked="" type="checkbox"/> Stably housed
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other: _____		
TOTAL MONTHLY INCOME: \$ 0			TOTAL ANNUAL INCOME: \$ 0		

NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO	NON-CASH BENEFITS WITHIN THE LAST 30 DAYS	WHO
<input checked="" type="checkbox"/> Food Stamps - Amount \$ 511	Family	<input type="checkbox"/> Veteran's Medical Services	
<input checked="" type="checkbox"/> Medicaid	Family	<input type="checkbox"/> TANF child care Other TANF services	
Medicare		<input type="checkbox"/> TANF transportation services	
State Children's Health Insurance (Healthy Start)		<input type="checkbox"/> Other TANF services	
<input type="checkbox"/> WIC		<input type="checkbox"/> Temporary rent	
<input type="checkbox"/> Section 8, Public Housing		<input type="checkbox"/> Other: _____	

Catholic Charities - Ash

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)	PROGRAM ENTRY DATE	COC LOCATION CODE AT TIME OF ENTRY
11-27-2014	11/17/2014	<input type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other

HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)
[REDACTED]

SOCIAL SECURITY NUMBER	DATE OF BIRTH (e.g., 10/23/1978)	HMIS CLIENT ID # (Head of Household)
[REDACTED]	8-18-1982	166023

VETERANS STATUS (HOH)		ETHNICITY (HOH)		GENDER (HOH)	
<input checked="" type="checkbox"/> Did Not Serve in the US Military	<input type="checkbox"/> Non-Hispanic/Latino	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male		
<input type="checkbox"/> Served in the US Military	<input checked="" type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female		

PRIMARY RACE (HOH) Check All That Apply					
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)			
<input type="checkbox"/> Asian (A)	<input checked="" type="checkbox"/> White (W)	<input type="checkbox"/> Refused	<input type="checkbox"/> Data Not Collected		

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
[REDACTED]	[REDACTED]	4-23-81	Wife	White	Y	F	
[REDACTED]	[REDACTED]	5-28-13	Daughter	White	Y	F	
[REDACTED]	[REDACTED]	5-31-05	Daughter	White	Y	F	

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Catholic Charities - Ash

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

PROGRAM EXIT DATE

12/31/2014

HMIS Number

166023

REASON FOR LEAVING

<input checked="" type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☒ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$ 288		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$ 1392.00		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source	\$		<input type="checkbox"/> Other Sources? Source	\$	

TOTAL MONTHLY HOUSEHOLD INCOME \$

Just started working
1st check 1392.50.

REGION 5 HMIS Data: INTAKE/ENTRY FORM

Catholic Charities -

Ashford CC

INTAKE DATE (e.g., 05/24/2010)

05 05 2014

M H DAY YEAR

PROGRAM ENTRY DATE

05 16 2014

MONTH DAY YEAR

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name	[REDACTED]	Middle Initial	D
Last name	[REDACTED]		

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH (e.g., 10/23/1978)

07 22 1953

Month Day Year

ZIP CODE OF LAST PERMANENT RESIDENCE

[REDACTED]

HMIS CLIENT ID NUMBER

154347

PRIMARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input checked="" type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

SECONDARY RACE

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> White (W)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Don't Know or Refused

ETHNICITY / VETERANS STATUS

<input type="checkbox"/> Hispanic / Latino	<input checked="" type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male
<input type="checkbox"/> Served in the US Military	<input type="checkbox"/> Did Not Serve in the Military	<input type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female

GENDER

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W	B	N	M	Husband	Y
[REDACTED]	[REDACTED]	7/19/76	W		N	M	Husband	N

CC-Ash

File Checklist

Client Name: [REDACTED]

Provider: Catholic Charities of Ashtabula County

HMIS Client ID # 154347

HMIS Entry Date: 5/14/14

HMIS Exit Date: 5/19/14

Service Provided:

☒ Rapid Re-Housing:

☐ Homeless Prevention

Months Arrears (Month/Year):

1. ☒ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐

Assistance (Month/Year):

1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐
10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ 18. ☐

Certification date:

3 month ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐

Previous HPRP /HSP Assistance Yes or No If yes, pull file for review for compliance and attached with new client file.

1. Authorization

☒ CCAC Application & Client & Household Identification

☒ Authorization for Release/Exchange of Confidential Information

Other: _____

*N/A should be
used for
uncheck areas.

2. Eligibility Verification

☒ Staff Certification for Eligibility for HPRP

☐ Eligibility Summary

3. Intake/Assessment

☒ Self-Sufficiency/Housing Barrier Matrix

☐ Supporting Documents

4. Housing Verification

☒ Certification of Homelessness, or Self Declaration of Housing Status

☐ Eviction Notice/Supporting Documentation

☐ Third Party Documentation

☒ Lease/Supporting Documentation

Utility Shut Off Notice Circle: Applicable or Not Applicable

☒ Auditor's site property search

☒ Rent Reasonableness

☒ Motel/Hotel Assistance Circle: Applicable or Not Applicable Moving Costs Circle: Applicable or Not Applicable

☒ Habitability Standards Inspection, If Applicable -copy to Fiscal

Children in household under the age of 6 years old Circle: Yes or No

☐ Lead Based Paint Inspection, If Applicable- Copy to Fiscal

5. Income Verification

☒ Verification of Income, or Self Declaration of Income

☐ CCAC Budget Calculator Form N/A

☐ Supporting Income Documentation/Verification of Assets

6. Services

☒ Client Action Plan

☐ HMIS Change Status For

7. Financial Documentation

☒ HMIS Financial Assistance Form- Green

☒ Landlord Letter

☐ Supporting Documentation

8. HPRP Exit/Closure

☒ HMIS Exit Form - Pink

☐ HPRP Self-Sufficiency/Housing Barrier Matrix

☐ HPRP Self-Sufficiency/Housing Barrier Matrix - Due 6 months after closure Date: _____

Other: _____

Shelter letter/HMIS

lake co

HUD 2014 Fair Market Rents (FMR)

(HUD Effective Date: October 1, 2013)

County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Adams County	Adams County, OH	\$417	\$486	\$614	\$778	\$821
Allen County	Allen County, OH	\$418	\$489	\$615	\$779	\$822
Ashland County	Ashland County, OH	\$381	\$503	\$641	\$907	\$948
Ashtabula County	Ashtabula County, OH	\$409	\$475	\$618	\$837	\$840
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	\$937
Aujaire County	Aujaire County, OH					
Belmont County	Wheeling, WV-OH MSA					
Brown County	Brown County, OH HUD Metro FMR Area					
Butler County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area					
Canton County	Canton, MA-OH HUD Metro FMR Area					
Champaign County	Champaign County, OH					
Caldwell County	Caldwell County, OH					
Clermont County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area					
Clinton County	Clinton County, OH					
Columbiana County	Columbiana County, OH					
Coshocton County	Coshocton County, OH					
Crawford County	Crawford County, OH					
Cuyahoga County	Cleveland-Elyria-Mentor, OH MSA					
Darke County	Darke County, OH					
Deane County	Deane County, OH					
Delaware County	Columbus, OH HUD Metro FMR Area					
Franklin County	Columbus, OH HUD Metro FMR Area					
Fairfield County	Columbus, OH HUD Metro FMR Area					
Fayette County	Fayette County, OH					
Franklin County	Columbus, OH HUD Metro FMR Area					
Fulton County	Fulton County, OH					
Gallia County	Gallia County, OH					
Geauga County	Cleveland-Elyria-Mentor, OH MSA					
Greene County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Hamilton County	Cincinnati-Middletown, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hardin County	Hardin County, OH	\$402	\$479	\$614	\$848	\$1,022
Harrison County	Harrison County, OH	\$424	\$515	\$624	\$906	\$1,105
Henry County	Henry County, OH	\$417	\$480	\$614	\$815	\$821
Hocking County	Hocking County, OH	\$417	\$480	\$614	\$815	\$821
Holmes County	Holmes County, OH	\$417	\$480	\$614	\$815	\$821
Huron County	Huron County, OH	\$365	\$464	\$614	\$862	\$972
Jackson County	Jackson County, OH	\$498	\$620	\$806	\$1,039	\$1,202
Jefferson County	Steubenville-Weirton, OH-WV MSA	\$432	\$499	\$614	\$823	\$943
Knox County	Knox County, OH	\$501	\$581	\$743	\$900	\$966
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Licking County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Lorain County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Madison County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Marion County	Marion County, OH	\$480	\$545	\$700	\$928	\$1,027
Mercer County	Mercer County, OH	\$417	\$480	\$614	\$815	\$821
Melms County	Melms County, OH	\$417	\$480	\$614	\$815	\$821
Mercer County	Mercer County, OH	\$417	\$480	\$614	\$815	\$821
Miami County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Morgan County	Morgan County, OH	\$424	\$515	\$624	\$906	\$1,105
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingum County	Muskingum County, OH	\$378	\$458	\$614	\$845	\$901
Noble County	Noble County, OH	\$478	\$481	\$614	\$845	\$901
Paulding County	Paulding County, OH	\$417	\$486	\$614	\$785	\$821

\$ 6000

Heat include or

Take 00.

REGION 5: HCRP Recertification Form (Complete a new form for each scheduled recertification)

Head of Household Name:		First	Middle Initial	Last
Program Entry Date:		Client Phone Number:		
Income Calculations		Number in Household	Area Median Income for Household	<30% Area Median Income
Income at Program Entry:		Date of Month 3 Income Review	Date of Month 6 Income Review	Date of Month 9 Income Review
Change Household Configuration:		NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Add/Remove from HMIS		PRIMARY RACE	SECONDARY RACE	HISPANIC (Yes or No)
Add/Remove from HMIS		GENDER		
		RELATIONSHIP TO HEAD OF HOUSEHOLD		
		VETERAN (adults only Yes or No)		

Only Complete Income Section If Income Has Changed:

INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO
<input type="checkbox"/> Alimony/spousal support			<input type="checkbox"/> SSI/SSDI		
<input type="checkbox"/> Cash assistance/TANF			<input type="checkbox"/> Unemployment		
<input type="checkbox"/> Child support			<input type="checkbox"/> Veteran's Disability		
<input type="checkbox"/> Income from employment/wages			<input type="checkbox"/> Veteran's Pension		
<input type="checkbox"/> Pension from a former job			<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Retirement from Social Security			<input type="checkbox"/> Other:		

Only Complete Benefits Section if Non-Cash: Benefits Have Changed

NON-CASH BENEFITS		WHO	WHO
<input type="checkbox"/> Food Stamps - Amount \$			<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Medicaid			<input type="checkbox"/> Other TANF services
<input type="checkbox"/> Medicare			<input type="checkbox"/> Temporary rent
<input type="checkbox"/> State Children's Health Insurance (Healthy Start)			<input type="checkbox"/> Veteran's medical services
<input type="checkbox"/> Section 8, Public Housing, Rental			<input type="checkbox"/> WIC
<input type="checkbox"/> TANF child care			<input type="checkbox"/> Other:

Non-Cash Benefits at Recertification: Yes No

Benefits Changed? Yes No

Household Recertification: Yes No

Recertification Completed by: *[Signature]*

Lake Co.

465-
2609

HUD 2014 Fair Market Rents (FMR)

HUD Effective Date: October 1, 2013

County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Adams County	Adams County, OH	\$417	\$486	\$614	\$778	\$821
Allen County	Allen County, OH	\$486	\$489	\$634	\$816	\$888
Ashland County	Ashland County, OH	\$381	\$503	\$641	\$907	\$948
Ashtabula County	Ashtabula County, OH	\$407	\$495	\$618	\$837	\$840
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	\$937
Auglaize County	Auglaize County, OH	\$488	\$494	\$642	\$882	\$1,068
Belmont County	Wheeling, WV-OH MSA	\$466	\$493	\$614	\$788	\$821
Brown County	Brown County, OH HUD Metro FMR Area	\$365	\$472	\$614	\$821	\$931
Butler County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Carrion County	Carrion County, OH	\$409	\$509	\$612	\$870	\$928
Champaign County	Champaign County, OH	\$400	\$502	\$614	\$905	\$976
Clark County	Springfield, OH MSA	\$486	\$547	\$713	\$939	\$1,030
Clermont County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Clinton County	Clinton County, OH	\$449	\$479	\$648	\$848	\$1,010
Columbiana County	Columbiana County, OH	\$391	\$476	\$614	\$813	\$890
Coshocton County	Coshocton County, OH	\$410	\$481	\$614	\$846	\$869
Crawford County	Crawford County, OH	\$383	\$461	\$624	\$880	\$883
Cuyahoga County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Darke County	Darke County, OH	\$449	\$506	\$614	\$887	\$997
Deane County	Deane County, OH	\$464	\$476	\$614	\$809	\$1,043
Delaware County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Elia County	Sandusky, OH MSA	\$474	\$645	\$796	\$1,037	\$1,068
Fairfield County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Fayette County	Fayette County, OH	\$514	\$518	\$701	\$879	\$1,038
Franklin County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Fulton County	Toledo, OH MSA	\$403	\$516	\$647	\$913	\$968
Gallia County	Gallia County, OH	\$417	\$494	\$614	\$810	\$914
Geauga County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Greene County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Guerney County	Guerney County, OH	\$405	\$480	\$614	\$767	\$856
Hamilton County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hancock County	Hancock County, OH	\$384	\$461	\$609	\$810	\$848
Hardin County	Hardin County, OH	\$402	\$479	\$614	\$848	\$1,022
Harrison County	Harrison County, OH	\$365	\$371	\$614	\$874	\$877
Henry County	Henry County, OH	\$424	\$515	\$624	\$906	\$1,105
Highland County	Highland County, OH	\$375	\$467	\$614	\$765	\$821
Hocking County	Hocking County, OH	\$417	\$480	\$614	\$815	\$821
Holmes County	Holmes County, OH	\$417	\$473	\$614	\$772	\$821
Huron County	Huron County, OH	\$365	\$464	\$614	\$862	\$972
Jackson County	Jackson County, OH	\$406	\$513	\$614	\$810	\$871
Jefferson County	Steubenville-Wellton, OH-WV MSA	\$432	\$499	\$614	\$823	\$943
Knox County	Knox County, OH	\$511	\$515	\$645	\$900	\$966
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lawrence County	Uniontown-Ashland, WV-KY-OH MSA	\$483	\$523	\$642	\$849	\$1,043
Licking County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Logan County	Logan County, OH	\$463	\$466	\$631	\$837	\$966
Lorain County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lucas County	Toledo, OH MSA	\$403	\$516	\$647	\$913	\$968
Madison County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Mahoning County	Youngstown-Warren-Boardman, OH-PA HUD Metro FMR Area	\$454	\$535	\$637	\$840	\$888
Marion County	Marion County, OH	\$480	\$545	\$700	\$928	\$1,027
Medina County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Melgs County	Melgs County, OH	\$417	\$463	\$614	\$798	\$932
Mercer County	Mercer County, OH	\$417	\$454	\$614	\$850	\$853
Miami County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Monroe County	Monroe County, OH	\$417	\$513	\$614	\$765	\$821
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Morgan County	Morgan County, OH	\$465	\$500	\$614	\$905	\$908
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingum County	Muskingum County, OH	\$478	\$518	\$637	\$912	\$1,002
Noble County	Noble County, OH	\$478	\$481	\$614	\$845	\$901
Ottawa County	Toledo, OH MSA	\$403	\$516	\$647	\$913	\$968
Paulding County	Paulding County, OH	\$417	\$486	\$614	\$785	\$821